



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TEXAS HEALTH FORT WORTH

Respondent Name

DEEP EAST TEXAS SELF INSURANCE

MFDR Tracking Number

M4-18-0291-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

October 4, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "please review the attached supporting documentation & you will see that the original claim was submitting to Tristar on 10/26/16."

Amount in Dispute: \$294.56

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We are requesting the Division dismiss the Medical Dispute Request because the requestor did not file it timely."

Response Submitted by: Injury Management Organization, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
September 22, 2016	Outpatient Hospital Services: CPT codes 99282 & 90471	\$294.56	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED

- 18 – Exact duplicate claim/service.
- This procedure on this date was previously reviewed
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- W3 – [no description of this claim adjustment code was found with the submitted materials.]

Issues

1. Did the health care provider timely file the medical bill(s) with the correct insurance carrier?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The insurance carrier denied the disputed services with claim adjustment reason codes:

- 29 – “THE TIME LIMIT FOR FILING HAS EXPIRED.”

28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.”

Texas Labor Code §408.0272(b) provides that, notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
 - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
 - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Texas Labor Code §408.0272(c) further requires that, notwithstanding §408.0272(b), a provider who erroneously submits a claim for payment to an entity described above:

forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim.

Review of the submitted information finds documentation to support the health care provider billed Tristar Risk Management on October 26, 2016. This is within 95 days of the original date of service. The provider therefore meets the exception under Labor Code §408.0272(b)(1)(C) of having submitted proof satisfactory the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with a worker's compensation insurance carrier other than the carrier liable for payment.

Having met that exception, the provider further presented documentation to support having billed the correct workers compensation carrier within 95 days following the date the provider was notified of the provider's erroneous submission. Based on the submitted documentation, the provider received an electronic claim rejection for “invalid” on October 28, 2016. The 95th day following receipt of that claim rejection notice was Tuesday, January 31, 2017. The explanation of benefits from the *correct* insurance carrier's Medical Bill Review company indicates a receipt date of January 31st, 2017. This is within the timely filing limit of §408.0272(c).

Accordingly, the division concludes the provider has *not* forfeited the right to reimbursement, having met the requirements for an exception under Labor Code §§ 408.0272(b)(1)(C) and 408.0272(c), and Rule §133.20(b).

Upon review of the timely medical bill, the insurance carrier denied the bill for untimely filing, and subsequently maintained that decision upon reconsideration. The insurance carrier's denial reasons are not supported.

2. The respondent requests in their position statement that the division “dismiss the Medical Dispute Request because the requestor did not file it timely.”

28 Texas Administrative Code §133.307(c)(1) requires that:

A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR.

The division shall deem a request to be filed on the date the MFDR Section receives the request.

A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed . . .

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

As stated in the Rule, a decision by the MFDR Section that a request was not timely filed is *not* a dismissal and may be appealed. Consequently, the division cannot dismiss the dispute as the respondent asks.

However, review of the submitted information finds no issues relating to liability, medical necessity or refund, as provided in the exceptions identified in subparagraph §133.307(c)(1)(B). Accordingly, the request for resolution of this dispute was required to be received by the division no later than one year after the date of service. The date of service was September 22, 2016. The date the request was received by the division was October 4, 2017. This date is more than one year after the date of service in dispute. The division therefore concludes the health care provider has waived the right to medical fee dispute resolution due to untimely submission of the request.

As stated above, this decision is not a dismissal and may be appealed in accordance with Rule §133.307(g) as further explained in the section “YOUR RIGHT TO APPEAL,” below the order.

Conclusion

The division finds that the requestor has waived the right to medical fee dispute resolution due to untimely filing of the request for MFDR. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code §413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	Grayson Richardson	October 27, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form DWC045M) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.